

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

70 583 416

FILING DATE

6-16-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1					
4	3						
5	1						
6	0		1				
7	0		1				
8	0		1				
9	0		1				
10	0		1				
11	a						
12	0						
13	0						
14	0						
15	0						
16	v						
17	0						
18	0						
19	0						
20	a						
21	0		1				
22	0		1				
23	0		1				
24	0						
25	0						
26	0						
27	0						
28	0						
29	0						
30	0						
31	1		1				
32	1						
33	2						
34	0						
35	0						
36	0		1				
37	0		1				
38	0		1				
39	0		1				
40	0		1				
41	0		1				
42	0		1				
43	1		1				
44		1					
45		0					
46	1	0	1				
47	0						
48	0						
49	0						
50	0		1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51		0					
52		0					
53		0					
54		0					
55		0					
56		0					
57		0					
58		0					
59		0					
60		0					
61		0					
62		0					
63		0					
64		0					
65		0					
66		0					
67		0					
68		0					
69		0					
70	1						
71							
72		0					
73							
74							
75							
76							
77							
78							
79							
80							
81							
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89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	6						
TOTAL DEP.	4						
TOTAL CLAIMS	70						
	17						
	21						